

## PROOF OF CLAIM

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Debtor<br>Tele King Communications Corporation                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                 | Case Number<br>04-14447 - BKC - RAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | IMPORTANT: THIS CLAIM FORM<br>SHOULD ONLY BE USED BY THE<br>CREDITOR WHOSE NAME IS<br>PRINTED ON THIS CLAIM FORM.<br><br>RECEIVED VIA MAIL<br>JUL 26 04<br>CLERK, US BANKRUPTCY<br>COURT MIAMI, FLORIDA |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))                                                                                                                                                                                                                              |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                         |
| Name of Creditor (The person or other entity to whom the debtor owes money or property):<br><br>Name and Address where notices should be sent:<br>MICHAEL P. MORGAN<br>P.O. BOX 667<br>EAGLE, CO. 81631<br><br>Telephone Number: 970-471-4416                                                                                                                                                                                                                                       |                                                                                                                                                                                 | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                         |
| Account or other number by which creditor identifies debtor:<br>(If SS# only list last 4 digits of SS#):<br>LAST 4 = 9865                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                 | Check here if <input type="checkbox"/> replaces<br>this claim <input type="checkbox"/> amends a previously filed claim, dated _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                         |
| 1. Basis for Claim<br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other SOLD as FRANCHISE FRAUD                                                                                                                                                                 |                                                                                                                                                                                 | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of SS #: XXX-XX-_____<br>Unpaid compensation for services performed from _____ to _____<br>(date) (date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                         |
| 2. Date debt was incurred:<br>10-8-02                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                 | 3. If court judgment, date obtained:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                         |
| 4. Total Amount of Claim at Time Case Filed: \$ _____ + \$18,098.00 = \$18,698.00<br>(Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total)                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                         |
| Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4.<br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.                                                                                                                                                                     |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                         |
| 5. Secured Claim.<br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral:<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle<br><input type="checkbox"/> Other _____<br><br>Value of Collateral: \$ _____<br><br>Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____                          |                                                                                                                                                                                 | 7. Unsecured Priority Claim.<br><input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim<br>Amount entitled to priority \$ 18,098.00<br>Specify the priority of the claim:<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).<br><input type="checkbox"/> Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).<br><input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).<br><br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment. |  |                                                                                                                                                                                                         |
| 6. Unsecured Nonpriority Claim \$ _____<br><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.                                                                                                                                                                                                     |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                         |
| 8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                         |
| 9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages (See reverse for instructions) |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                         |
| 10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.                                                                                                                                                                                                                                            |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                         |
| Date<br>7-20-04                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): MICHAEL P. MORGAN<br>owner |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                         |
| Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                         |

5-8-03

TO: MR TONY McDowell  
Dept of Agriculture & CONS. Affairs  
REF: Tele King Corp.

FROM: Mike Morgan - 970-471-4416

IN RESPONSE to your E-MAIL IVE  
ENCLOSED A COPY of the checks for  
the INVESTMENTS in Tele King. I hope  
you can read the checks, thats all  
the BANK could provide me.

ON OCT 25, 2002 MR MARTY TRAFF  
Sent me A letter CONFIRMING to me  
the second request for 3608<sup>00</sup>, the  
check was for A money order to Tele King.  
his letter is ATTACHED, the 2 check  
copies + front + REAR OF Agreement.

Thanks  
Mike Morgan

Subj: **Tele King**  
Date: 5/5/2003 8:56:21 AM Central Daylight Time  
From: [mcdowet@doacs.state.fl.us](mailto:mcdowet@doacs.state.fl.us)  
To: [mikepm65@aol.com](mailto:mikepm65@aol.com)  
Sent from the Internet (Details)

Mr. Morgan:

I will need you to send me a copy of your purchase order/contract which is the backside of the purchase order and a copy of the form of payment you made to Tele King (i.e. check, credit card receipt). You can fax or mail these documents to the address or phone number listed below.

If you have any questions please feel free to email me.

Department of Agriculture & Consumer Services  
Terry Rhodes Building  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500  
Fax: 850-410-3839

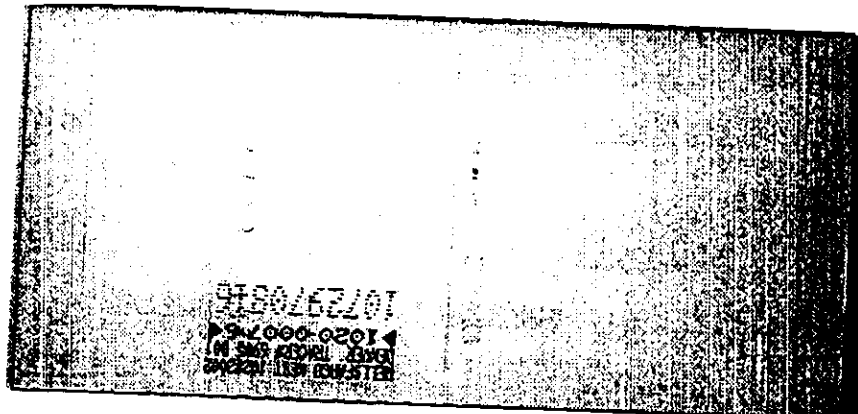
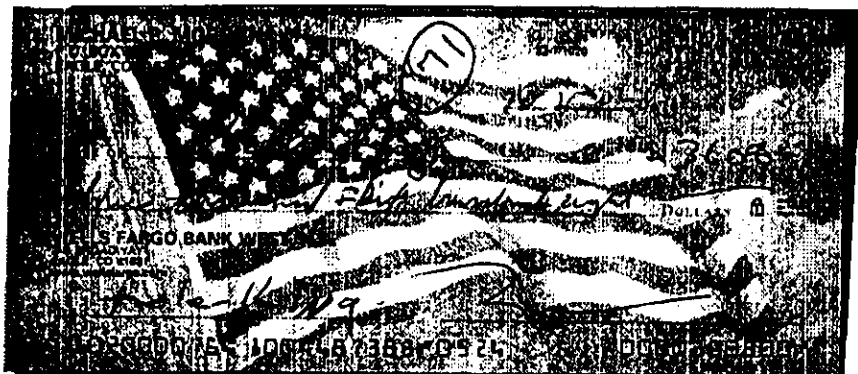
ON 10-9-02

QW 10-28-02

14,490<sup>00</sup> CH# 0519

3608 CK# 0524

\$ 18,098 TOTAL INVESTMENT



12614-06MAY03/P-CL/DXC014/28-OCT-02/230007/001072970816/3,608.00/U/524/2  
06-MAY-03/163/000000001004487383/SV 20030506HG04112/

Enclosed are the photocopied items you requested. For further assistance, please call 1-800-869-3557. (1-800-TO-WELLS) You have not been charged a fee for this service.

Thank you for banking with Wells Fargo - your Anytime Anywhere Bank.

- - - - INTEROFFICE MAIL - - - -

MAC: C7421-011

TO: LYNDIA S JODRIE AU: 04880

Group: G06MAY03-0995



October 25, 2002

Dear Michael,

As we discussed:

Tele King agrees to ship four Talking Phone Card Displays and \$2000 Face Value Prepaid Cards for \$3600. Of the \$2000 in cards 20 will be MasterCard. Your new reorder price for Talking Phone Card Displays will be \$400 per unit.

I look forward to a long and prosperous business relationship with you.

Sincerely,

Marty Raff  
Operations Department

HE INSISTED I SEND HIM A  
MONEY ORDER.

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF FLORIDA**

[www.flsb.uscourts.gov](http://www.flsb.uscourts.gov)

**\*\*\* NOTICE \*\*\***

**This proof of claim contains attachments  
which exceed the five (5) page limitation  
pursuant to Local Rule 3001-1 (A)(3).**

**Rule 3001-1 Proof of Claim.**

**(A)(3) Attachments:** A proof of claim, including a proof based on a writing and filed pursuant to Bankruptcy Rule 3001(c), should not include more than 5 pages of attachments; however, the proof of claim must include a list or summary of any invoices or other omitted attachments that would have been included but for this page limitation. No original papers shall be attached. Interested parties requiring copies of the entire instrument upon which liability is based for claims filed pursuant to Bankruptcy Rule 3001(c) shall submit a request directly to the claimant who, without further order of the court, shall provide copies to the requesting party.